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STATE BOARD OF NURSING

NEWSLETTER

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MESSAGE FROM THE PRESIDENT

Cordella Esry, PhD, RN
President, Missouri State Board of Nursing



The licensure model known as mutual recognition and why it should be important to you is my message for this issue. It is of importance to you now as a Missouri nurse, as it can pave the way for universal licensure in the future. First, let me provide some historical information related to the topic.

In August 1996, a task force of 12 nursing boards began researching multiple sources to identify the magnitude of the need for Mutual Recognition, also known as multi-state practice. Surveys of nurses in the United States and interviews with leaders in the health care delivery system and attorney generals and other legal consultants took place. The task force identified this vision statement to guide the process of enhancing nursing regulation: "A state nursing license recognized nationally and enforced locally."

Several licensing models were examined and evaluated from the perspective of various stakeholders. A panel of legal experts reviewed the work of the task force, advocating for the simplest approach that would be workable. In the end the task force recommended a model of mutual recognition. The task force rationale for the model included:

- Mutual recognition is the closest model to the existing system;
- Mutual recognition reflects the legal concept of full faith and credit between U.S. jurisdictions;
- Mutual recognition could be implemented incrementally; and
- Implementation could begin without uniform requirements, although boards might agree to move toward a goal of uniform requirements.

Upon the recommendation of the task force, and with full participation of the member boards, the National Council of State Boards of Nursing members took a monumental step at the Annual Meeting in August 1998 by endorsing the model of Mutual Recognition for nursing licensure among its members.

The basic rationale for the National Council of State Boards of Nursing (NCSBN) to take this step was to meet the needs of a changing health care delivery environment for a variety of issues such as:

- New practice modalities and technology are raising questions regarding issues of current compliance with state licensure law;
- Nursing practice is increasingly occurring across state lines;
- Nurses are practicing in a variety of settings and using technologies that may cross state lines;
- Expedient access to qualified nurses is needed and expected by consumers without regard to state lines;
- Expedient authorization to practice is expected by employers and nurses; and
- Having a nurse demonstrate the same licensure qualifications to multiple states for comparable authority to practice is cumbersome costly and inefficient.

The mutual recognition model of nurse licensure would allow a nurse to have one license (in state of residency) and practice in other states, as long as that individual acknowledges he or she is subject to each state's practice laws and discipline. Under mutual recognition, practice across state lines would be allowed, whether physical or electronic,

unless the nurse is under discipline or a monitoring agreement that restricts practice across state lines. Mutual recognition is similar to the motor vehicle driver's license model. When you drive your car into another state, you are allowed to drive the roads of that state on your Missouri driver's license. While operating your vehicle in the other state, you are expected to obey the laws of the state.

Mutual recognition has many advantages. The model reduces barriers to interstate practice, improves tracking for disciplinary purposes, reduces costs to licensed nurses, provides an unduplicated listing of licensed nurses, and improves access to nursing care. A disadvantage of mutual recognition is that the funds to licensing boards would be reduced as nurses who live out-of-state, and who desire to practice in a state that have the authority to practice mutual recognition, would no longer be required to be licensed in each state individually. In Missouri, 16,924 nurses have out-of-state addresses. Nursing boards will be challenged to maintain the current level of services without an increase in licensing fees. Another disadvantage at this time is that the model would not apply to advanced practice nurses. There are no comparable licensure requirements for advanced practice nurses throughout the United States. NCSBN is working with state boards of nursing to develop uniform guidelines for advanced practice nurses, with the belief that the model can be applied to APNs at a later date.

Five states (Arkansas, Maryland, North Carolina, Texas and Utah) have enacted legislation in 1999, which would allow their boards of nursing to enter into interstate compacts by no later than January 1, 2000. This initial group of boards will be meeting over the next year to write the rules and regulations to put into place the first interstate compacts. Interstate compacts are legal agreements that would allow nurses to practice in the states that have entered a compact. The MSBN has supported the model of Mutual Recognition since 1997 and reaffirmed its commitment to the model in 1999. The Board members and staff are visiting nurses and employers throughout the state in 1999 to discuss the model and gather feedback on their concerns. Additional information about the model can be found at the NCSBN Website (<http://www.ncsbn.org>) or the MSBN Website (<http://www.ecodev.state.mo.us/pr/nursing/>). You may also contact the Board of Nursing office to request a packet of information about the model.

It is important for you as a Missouri nurse to orient yourself to this important issue and I hope that you will voice your questions and concerns about the model to Board members in your area or via written communications to the Board office. Changes to the regulatory system can be viewed with suspicion and concern, as this is the first major change being considered to the regulatory process since implementation of the NCLEX exam. Educate yourself on this important topic and analyze how the model can impact your ability to practice your profession. Is this the way for Missouri and the rest of the states to go? If so, let us know and let's be on our way.

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The Honorable Mel Carnahan

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Missouri State Board of Nursing
3605 Missouri Boulevard
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<http://www.ecodev.state.mo.us/pr/nursing/>

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Calvina Thomas, PhD, RN

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Board Member Corner

Ian M. Davis, LPN is one of two Licensed Practical Nurses on the Missouri State Board of Nursing. Governor Mel Carnahan appointed Mr. Davis to the Board on April 3, 1997.

Mr. Davis attended the Columbia Practical School of Nursing in Columbia, MO graduating in 1990. He has worked in a variety of health care settings, including experience as an emergency medical technician and pulmonary function technician. Mr. Davis is the Chief Operating Officer of the Center for Behavioral Health & Wellness located in Independence, MO. Mr. Davis and his wife Lisa reside in Blue Springs, MO and have 3 children.

Mr. Davis is a member of the following Board committees: Licensure, Education, and Practice. He is a member of the National Association of Pain Management Nurses and a Certified Hearing Conservationist.



Ian Davis

Patricia A. Versluis, RN was appointed to the Missouri State Board of Nursing on March 20, 1997 by Governor Mel Carnahan. Mrs. Versluis has served two terms as Secretary of the Board of Nursing and was elected to the office of President at the June 1999 meeting. She will assume the office of President at the September 1999 board meeting.



Patricia Versluis

Mrs. Versluis received a diploma in nursing from Mercy Central School of Nursing, Grand Rapids, Michigan in 1963. Mrs. Versluis is the Assistant Administrator and Director of Patient Care Services at Freeman Neosho Hospital in Neosho, MO. Past work experiences include nursing education and supervisory roles in home health, industrial health CCU, ICU, and house supervision. Clinical experiences include pediatrics, cardiac care, intensive care, new born nursery and acute care. She is married to Donald Versluis and they have four sons and four granddaughters.

Mrs. Versluis is a member of the following Board committees: Discipline, Education, Practice and the Executive Committee. She is a member of the American Red Cross, the Area Nurse Executive Council, the American Cancer Society, Relay for Life Chairman, the Missouri Organization of Nurse Executives, Soroptimist International of Neosho, the PEO Sisterhood and the Neosho Chamber of Commerce Board of Directors, Crowder College Health Advisory Board, Ozarks Public Television Fund-Raising Committee, BASF Community Advisory Panel, and the Missouri Southern International Piano Competition Committee.

A member of St. Canera Church, Mrs. Versluis enjoys singing, cooking, reading, and swimming in her spare time.

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DISCIPLINE SECTION

Liz Cardwell M.Ed., RN
Discipline Coordinator

Missouri State Board of Nursing
Disciplinary Committee Membership
Charlotte York, LPN, Chairperson
Robin Vogt, MSN, RN, FNP-C
Cordella Esry, Ph.D., RN
Pat Versluis, RN
Janet Anderson, RN

A Nursing License on Probation

Based on my experiences with disciplined licensees I have found nurses, more often than not, are apprehensive of what the whole probationary process entails and what will be expected of him or her. On occasion, feelings of anger and frustration are expressed; sometimes directed toward the length of time between the occurrence and the start of probation; sometimes toward the complainant; sometimes toward the process; but more frequently toward themselves. However, more prevalent than frustrated, angry feelings are feelings of guilt, shame and remorse. We nurses expect a lot of ourselves, and when there is failure to meet what is required or expected of us, the occurrence of those feelings is not uncommon. During the period of probation, nurses work toward coming to grips with the causal factor of their discipline, work toward an end that will prevent the reoccurrence of such behaviors and develop an appreciation of the privilege of being a nurse. The disciplinary experience is an event that teaches in an indelible manner that hindsight is twenty-twenty; teaches that not listening to a gut instinct may have far

reaching ramifications; teaches that the disease of chemical dependency must be dealt with in a daily recovery program; and teaches that providing safe, appropriate patient care cannot be taken lightly.

As an example of the disciplinary process, this article speaks to probation.

Probation is a disciplinary action that is a culmination of an involved, sometimes lengthy process. The process began with a complaint on your nursing license, after which a fact finding, investigatory process ensued. After careful review of the case, the Board made a determination to discipline your license by placing it on a period of probation. Statute states that the period of probation can be no longer than five years.

The disciplinary decision was then referred to the Attorney General's Office to begin the legal process. The Assistant Attorney General then sent you a letter with a copy of the Complaint and Investigative Report. After the required 30 day waiting period, you received a Settlement Agreement from the Assistant Attorney General that included the cause for discipline, the portion of the Nursing Practice Act that was violated and the terms (requirements) of the discipline. You were allowed 60 days to determine whether to sign the Agreement or go forward with an administrative hearing. Let's assume you signed the Agreement and returned it to the Assistant



Attorney General. The terms of the Agreement go into effect 15 days after the Executive Director of the Board of Nursing signs the Agreement.

1. What will I be required to do while I am on probation?

The Agreement you signed identifies the conditions that you are expected to adhere to. General requirements for you and all nurses whose license are on probation are: do not violate the NPA; do not allow your license to lapse; the terms of the Agreement apply even if your license is placed inactive; and keep the Board apprised of your current address and phone number; and the terms of discipline apply even when if you would place in inactive. There will be specific requirements related to the individual circumstances that led to the disciplinary action of probation.

You will be expected to meet two to four times a year with the Discipline Coordinator; on occasion this meeting could be with the full Board. You will receive an appointment letter which identifies the meeting date and time, the required documentation, and deadline date that the documentation is to be received in the Board office. The letter will be sent by Certified Mail well in advance of the scheduled meeting; if you do not receive an appointment letter you should contact the Board office so that you do not violate your agreement by missing a scheduled meeting. During this meeting, the documentation that you submitted will be reviewed and discussed with the Discipline Coordinator. If you have questions or concerns about the terms of discipline, the meeting provides an opportunity for you to express those thoughts. The information from the meeting and

Continued to page 4

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DISCIPLINE SECTION (Continued from page 3)

the documents you submitted will be compiled into a report for review by the Board. The report is an opportunity for the Board to monitor your compliance during the probationary period.

Employer evaluations will be required whether you are employed as a nurse or in a non-nursing position, and will have to be submitted directly to the Board office from the employer. If you are not working during the probationary period, you will need to write a statement identifying the period not worked, have it notarized and sent to the Board office. Employer information will be required each time you are scheduled for a meeting, and it will be your responsibility to see that the documentation is submitted to the Board office by the evaluator.

If your probation is based on addiction or abuse of chemicals or alcohol, a **chemical dependency evaluation** will be required. You will be expected to follow through with all recommendations made by the licensed chemical dependency professional, such as continued therapy, Aftercare, participation in a 12 Step Program, and so on. A **mental health evaluation** would be required if the cause for discipline was relative to a mental disorder which interfered with your nursing practice. You will need to see that your health care provider provides periodic updates as to your status, progress and treatment plan. If attendance at a support group is recommended as part of your treatment plan, you will be required to submit documentation of your meeting attendance.

Urine drug screens will be required if the use/abuse of chemicals is indicated in the cause for discipline. You will need to obtain, and submit to the Board for its approval, a third party who will contact you when you are to submit to the drug test. The urine drug screen results, which are required at least quarterly or more frequently, must be random, with no more than 24 hour notice to submit the specimen. The contracted third party may be your counselor, physician, supervisor or a certified laboratory which is willing to notify you when it is time to do the screen.

Continuing Education Units may be a requirement of your Agreement. This requirement will identify an area of emphasis in which you are to obtain your continuing education hours. Attendance at such offerings provides the Board with the assurance that you are addressing problematic areas or weaknesses in your nursing practice and decision making skills. The Missouri League of Nursing provides educational offerings statewide in a variety of areas of nursing; universities or colleges which have nursing programs frequently have Continuing Education programs; and staff development departments of larger health care facilities may offer such educational opportunities.

If you are on **parole or probation** in the correctional system, your probation officer will need to provide information that addresses your compliance in the civil system. It is your responsibility to see that the documentation is received by the Board.

2. Will I still be able to practice nursing?

While on probation, you will be able to practice nursing. If there are employment restrictions in your Agreement, you will want to be certain that your nursing practice does not violate those terms. Those restrictions may be, but not limited to, the following: No narcotic keys, no administration of controlled substances or access to an automated medication dispensing device that contains controlled substances; no night or evening shift, no employment by a home health agency, temporary

agency or durable medical equipment company; and working only with on site supervision by another nurse or physician. Sharing a copy of your Agreement with your employer will alleviate any miscommunication between you and your employer regarding what tasks you are unable to perform. Your employer is welcome to contact the Board office if he/she has any questions about your restrictions.

3. What happens after my period of probation is completed?

You will receive a document from the Executive Director advising you that your period of probation is completed. Because disciplinary action is considered public information, when a license verification is requested on your license, the caller will also receive information informing them that you have been on probation, the cause for and the length of probation and when the probationary period ended. The caller is given the cause for probation as it is cited in the Findings of Fact portion of the disciplinary Agreement. There is not a limit on the period of time that this data is considered public information, it remains in your record forever.

4. What happens if I don't meet the requirements of my agreement?

If you don't meet the requirements identified in your Agreement, you are considered in violation of your probation. The Board has authority to take further disciplinary action or revoke your license if you are found to have violated the terms of the Agreement. If you find that you are not meeting or having difficulty meeting the terms of your Agreement, it is in your best interest to contact the Discipline Coordinator at the Board office as soon as you are aware of the situation. The Board will be advised of the occurrence and take into account any mitigating or aggravating circumstances that led to the violation.

If the Board determines that you have violated the terms of your disciplinary Agreement, a violation hearing will be held.

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Most of the content in this section is developed by Rita Tadych, PhD, RN, Assistant Director for Discipline and Practice. Please be advised that her content is not intended to represent the legal opinions or views of the Board. Content included in this section that was developed by the Missouri State Board of Nursing is identified as that of the Board.

Missouri State Board of Nursing Practice Committee Membership

Robin Vogt, MSN, RN, FNP-C, Chairperson
Arthur Bante, RN, CRNA
Ian Davis, LPN
Cordella Esry, PhD, RN
Paul Lineberry, PhD
Patricia Versluis, RN

Future Rule Changes

The IV Therapy Rule Subcommittee of the Board of Nursing had its first planning meeting on July 7, 1999. Board membership includes Ian Davis, LPN and Pat Porterfield, MSN, RN, board members, and Calvina Thomas, PhD, RN and Rita Tadych, PhD, RN, board staff. The meeting established an initial strategy for contacting various entities within the nursing community in order to secure their recommendations of individuals to participate with the Subcommittee in the evaluation of the rule, 4 CSR 200-6.010 Intravenous Fluid Treatment Administration.

Revision efforts continue within the Practice Committee regarding the rule, 4 CSR 200-4.100 Advanced Practice Nurse. Several registered professional nurses, recognized by the Board under (3)(A) of the rule, have shared their written recommendation that (8)(D)2 of the rule be broadened to allow for approval of contact hours beyond those "offered by an accredited college or university". The proposed rule, when filed, will have language that will satisfy this

recommendation. The entire rulemaking process, however, takes some time after proposed revisions are approved by the Board (see <http://www.ecodev.state.mo.us/pr/nursing>, under "Focus on Practice" button, for steps in rulemaking process). In the meantime, therefore, the existing rule language remains applicable law. I try to remind callers with Board contact hour requirements pursuant to the current advanced practice nurse rule language to not postpone taking their contact hours because postponement could result in a lost year or more before the rule would become effective. This, in itself, is too long to wait. Furthermore, proposed language changes can be further modified within the rulemaking process prior to a rule's effective date — one cannot be assured that language initially proposed will be the final outcome.

As I discussed in the last issue of the Newsletter (May, June, July 1999), the Missouri State Board of Nursing met on May 14, 1999 with representatives from the Boards of Healing Arts and Pharmacy to review the rule, 4 CSR 200-4.200 Collaborative Practice. Some modest recommended changes to take to their respective Full Boards for consideration were made during that meeting. Anyone Interested in receiving a copy of the Open

PRACTICE CORNER



Rita Tadych, PhD, RN

Minutes (i.e., recommendations are here) of the May 14, 1999 meeting should contact Rachel Davis, my Clerk Typist, at 573-751-0073. Another meeting of the Collaborative Practice Task Force, hosted by the Board of Pharmacy, is to be scheduled September 1999.

A Few Perspectives on Unlicensed Assistive Personnel

With the Board's revision of its position statement on unlicensed assistive personnel at its March 1999 Full Board meeting, I developed an interest in researching the question, "Who are they, really, in Missouri?" I have chosen to share my seminal thoughts with you in the hope of beginning a clarifying examination of the matter.

Establishing boundaries for membership within the unlicensed assistive personnel category may be a challenge not only for the general public but for licensed professionals as well. Although possessing no license from a state regulatory body would seem like fairly clear criteria, the growing number of health care provider "accredited" program options, title designations, certificate awards, certification or registration conferrals, garment attributions, and so forth currently available to individuals convey official credibility to the degree that one may inaccurately surmise statutory/regulatory underpinnings, including licensure.

A cursory review of literature on and off the Internet elicited the following labels, which by no means are exhaustive, that could possibly fall into the unlicensed health care personnel category unless licensed and regulated by state laws: medical assistant, nursing assistant, nurse assistant, clinical affiliate, patient care technician, patient care giver, health care technician, medication aide, medication technician, nurse aide, health unit coordinator, allied health professional, para-professional and, of course, unlicensed assistive personnel (UAP). Some of these labels are preceded by terms such as

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PRACTICE CORNER

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"certified" or "registered". Whether these special, added designations are grounded within state law would also require further scrutiny. Additionally, information concerning the certifying entity itself may be relevant.

Given numerous health-related settings in which unlicensed health care providers may be employed, trained, and titled in various ways, I have elected to circumscribe my examination as follows.

"Nurse Assistant" Training Programs in Missouri

Division of Aging. The statute, 335.081 (2), RSMo, provides an exemption from the Nursing Practice Act for unlicensed persons "trained and employed in" licensed long-term care facilities as long as the persons do not represent or hold themselves out as nurses. Pursuant to the rule, 13 CSR 15-13.010 Nurse Assistant Training Program, the Missouri Department of Social Services, Division of Aging (DOA), provides a nurse assistant training program through more than seven hundred (700) approved training agencies in a variety of entities in Missouri. Examples of DOA-approved training agencies include specific public high schools, community colleges, vocational technical schools, private schools, hospitals, and long term care facilities. These approved training agencies must use the DOA-approved manual and DOA-approved instructors who are registered professional nurses who must have two (2) years of nursing experience and at least one (1) year of long term care experience.

Individuals enrolled in the program:

- ♦ complete seventy-five (75) classroom hours of training,
- ♦ complete one hundred (100) hours of supervised on-the-job clinical practice training,
- ♦ complete written and practicum examinations:
- ♦ written, fifty (50) multiple choice question

DOA-approved examination (must be passed at 80% to proceed to practicum examination) under the direction of a DOA-approved examiner, and

- ♦ practicum examination that includes nine (9) procedures. The nine (9) procedures shall always include a type of bath, vital signs (T, P, R, BP), transfer techniques, feeding techniques, dressing and grooming, skin care, active or passive ROM to upper and lower extremities, and handwashing and gloving from the standardized DOA-approved curriculum. The remainder shall be selected according to the resident's care needs at the time of day that testing occurs. The evaluation of the student shall include communication and interaction with the resident, provision of privacy, work habits, appearance, conduct, and reporting and recording skills (practicum must be passed at 100%).

If individuals successfully complete the examinations and clinical training, one (1) of seven (7) long-term care associations or other DOA-approved entities in Missouri issues a wall certificate, wallet card with photo, and pin to the person. These specifically named long-term care associations or other DOA-approved entities are referred to as "certifying agencies" in the rule. I think this rule definition relates, then, to the individuals being designated as and using the title, certified nurse assistant.

A critical feature of the DOA-approved Nurse Assistant Training Program is stated in the rule as follows:

- (2) The purpose of the Nurse Assistant Training Program shall be to prepare individuals for employment in an LTC facility. The program shall be designed to teach skills in resident care which will qualify students to perform uncomplicated nursing procedures and to assist licensed practical nurses or registered professional nurses in direct resident care.

(Note: LTC means a long-term care facility)

In other words, the title, certified nurse assistant (CNA), that individuals use after successful completion of the DOA-approved Nurse Assistant Training Program is setting and client population specific. My impression, however, is that, over time, this course content and clinical practice specificity has been overshadowed by a trend toward using completion of this training program and issuance of title designation, certified nurse assistant (CNA), as if the content and title are authorized as generalizable to other settings and client populations.

The Division of Aging also has other unlicensed assistive personnel training programs: certified medication technician training program, level I medication aide training program, and insulin administration training program. As mentioned above, the course content and clinical practice in each of these programs is also setting and client population specific.

Persons who want to verify whether an individual has successfully completed nurse assistant training through the DOA and is in good standing (i.e., does not have a federal disqualification mark) can call the automated voice response telephone number: 573-526-5686.

To verify the status of a nurse assistant, medication technician, or level I medication aide with respect to the employee disqualification list, call 573-526-3633.

Hospitals. Unlicensed assistive personnel may also receive nurse aide or technician training in Missouri hospitals. The statute, 335.081 (2), RSMo, provides an exemption from the Nursing Practice Act for unlicensed persons "trained and employed in public or private hospitals" as long as the persons do not represent or hold themselves out as nurses. The training provided facilitates individuals in satisfactorily performing their assigned job classification duties and responsibilities within a particular hospital setting. The training may vary in content, quality, duration, and competency measurement from hospital to

Continued to page 7

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PRACTICE CORNER

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hospital. Titles assigned to unlicensed assistive personnel working in hospitals may also vary from one facility to another.

Other. Unlicensed individuals may come to Missouri from other states where they completed either state approved or other health care training programs. There are no state reciprocity options available in Missouri. Unlicensed individuals who have been certified as a nurse assistant by another state's administrative body, however, may challenge the program offered through DOA.

"Medical Assistant" Training

Based on a brief exploration of the medical assistant label, I found a variety of resources that I have only started to digest. What I have learned so far I will share with you, but please know that these perspectives are initial understandings in an area replete with information.

It appears that various sectors have, over the years, developed formal structures intended to afford legitimacy to medical assistant training programs and subsequent titling designation. To my knowledge, there is no statutory title protection for medical assistants, licensure, or regulatory oversight for their practice in Missouri.

The Healthcare Career Resource Center (<http://library.advanced.org>) describes the duties and responsibilities of medical assistants as follows:

Medical assistants help physicians and nurses deliver patient care. They schedule appointments; take blood pressures, respirations, temperatures; and perform other routine patient pre-examining procedures. Sometimes they help with office and clerical tasks. Medical assistants work in hospitals, clinics, and private physician offices.

The American Association of Medical Assistants (AAMA), the association for "medical assistant professionals," (<http://www.aama-nl.org>) discusses the nature of the work of medical assistants more expansively following a lead-in of "Clinical duties

vary according to state law and include . . .". Graduates from a medical assisting program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), established as a non-profit agency in 1994 (<http://www.caahep.org>), are eligible to take the AAMA certification examination. Upon successful completion of the certification examination, individuals are awarded the "certified medical assistant" (CMA) credential by the AAMA. Recertification, met through re-examination or continuing education, is every five (5) years. The mission of the AAMA, established in 1955, is stated as: ". . . to promote the professional identity and stature of its members and the medical assisting profession through education and credentialing." "The mission of CAAHEP is to provide public recognition for quality allied health education programs in the CAAHEP system." By its report, CAAHEP, recognized by the Council for Higher Education Accreditation (CHEA), accredits nearly 2000 allied health educational programs in eighteen (18) disciplines.

According to information posted on the AAMA Internet Home Page on June 12, 1999, there are five (5) state chapters of the Missouri State Society of Medical Assistants.

The Accrediting Bureau of Health Education Schools (ABHES), also recognized by CHEA and listed as a nationally recognized accrediting agency by the U.S. Department of Education, appears to be another entity that accredits "specialized programs for medical assistant in the private sector" (<http://ebhes.org>). Accreditation is voluntary.

There is another medical assistant certification examination available through American Medical Technologists (AMT) (<http://www.amt1.com>). Once applicants have successfully completed the AMT certification examination, they are able to refer to themselves as a "registered medical assistant" (RMA). The RMA is certified for life and remains current as long as payment of dues is current. Continuing education is recommended, not mandatory. Only CAAHEP-accredited educational program graduates may take the AAMA certification examination.

Missouri State Board of Nursing Position on UAPs

The Missouri State Board of Nursing's position statement on the "Utilization of Unlicensed Health Care Personnel" states:

Unlicensed health care personnel who perform specific nursing care tasks without benefit of instruction, delegation, and supervision by licensed nurses may be engaged in the practice of nursing without a license. Such actions by unlicensed health care personnel are a violation of the Missouri Nursing Practice Act [335.066 (10), RM So]. Unlicensed health care personnel remain personally accountable for their own actions.

Use of the Term, "Nurse," by UAPs

Some time ago I reviewed the Missouri Nursing Practice Act and found the following statutory references that will be assistive if you need to address the matter of unlicensed assistive personnel (UAP) using the term, "nurse," in reference to themselves or that an employer is using "nurse" as part of a UAP's job title and responsibilities:

- ♦ 335.076.1-3., RSMo
- ♦ 335.086 (4), RSMo
- ♦ 335.096, RSMo

Go to the Missouri State Board of Nursing Home Page at <http://www.ecodev.state.mo.us/pr/nursing> and click on "Statutes" button for a complete text of these statutes.

For more information concerning class A misdemeanors, the penalty for violation of the above provisions, see the statutes, 556.018.3, RSMo, and 557.021.3 (2)(a), RSMo via entry at <http://www.moga.state.mo.us/STATUTES/STATUTEES.HTM>. Click on XXXVIII. Crimes and Punishment.

I trust this article on unlicensed assistive personnel has begun to address the question, "Who are they, really, in Missouri?" and, of course, is helpful to readership. Future articles will continue to examine the unlicensed assistive personnel area.

Continued to page 8

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If I have inadvertently missed or misunderstood any pertinent facts, please feel free to contact me at the Board office address (See Newsletter cover page); fax 573-751-0075; office 573-751-0073; or e-mail rladych@mail.state.mo.us.

Frequently Asked Practice Questions

I again remind you of the disclaimer at the beginning of PRACTICE CORNER.

Licensed Practical Nurses

I received a few responses to one frequently asked question area in the last Newsletter, which says to me that there is readership out there. Thank you for your interest!

Without going into too much detail, I would like to make a brief reply to an area of concern mentioned by some LPN IV Therapy educators regarding my response to a question involving discontinuing IV lines. At the beginning of PRACTICE CORNER in the last and current Newsletter, I discuss the Board's formation of an IV Therapy Rule Subcommittee to evaluate the current rule, 4 CSR 200-6.010 Intravenous Fluid Treatment Administration. For the time being, I suggest that IV certified LPNs seek a specific opinion or decision from the Board regarding the removal of any intravenous lines.

Licensed Nurses

Q: I work in a nursing home and need to know more about the licensed nurse requirements and other care requirements for such facilities?

A: The rule, 13 CSR 15-14.042 Administration and Resident Care Requirements for New and Existing Intermediate Care and Skilled Nursing Facilities, would be assistive to you or call the Division of Aging at 573-751-3082.

Q: How do I quit a position I hold as a nurse and minimize a job abandonment complaint against my license?

A: Anyone can lodge a complaint against a nurse's license if the person believes, in his/her

own mind, that there may be a violation of the Missouri Nursing Practice Act. Each complaint alleging job abandonment would be evaluated on the basis of the specific investigative information gathered for the Board's review. As in all situations, nurses need to find the entity's policy, in this case on terminating their own employment, and try to stay within the written guidelines. If a work situation is such that following the entity's written guidelines or giving reasonable notice seems intolerable, I think consultation with legal counsel before abruptly quitting would be appropriate.

Advanced Practice Nurses

Q: How should I, as a nurse administrator or human resource manager, design the required qualifications section of our APN job descriptions to reflect current law?

A: Based on my recent reading of a few job descriptions for clinical nurse specialists, it is important, pursuant to rule, 4 CSR 200-4.100 Advanced Practice Nurse, that the job qualifications section for nurse anesthetists, nurse midwives, nurse practitioners, and clinical nurse specialist positions' job descriptions include:

- hold and maintain a current license to practice in Missouri as a registered professional nurse, and
- hold and maintain a current Document of Recognition from the Missouri State Board of Nursing that recognizes the individual as able to title, designate, represent, and practice as an Insert Board-recognized clinical nursing specialty area and role

Employer's job titles for nurse practitioners and clinical nurse specialists, for example, need to match the clinical nursing specialty area and role titles designated for use by nurse practitioners and clinical nurse specialists by the Missouri State Board of Nursing when they are recognized as advanced practice nurses. Individuals with lapsed registered professional nurse licenses [see (B)(A) of rule], those who have never been Board-recognized, or those whose recognition has expired should not hold advanced practice nurse employment positions that allow them to title and practice as a nurse anesthetist, nurse midwife, nurse practitioner, or clinical nurse specialist.

Recognized advanced practice nurses in collaborative practice arrangements should also ensure that their written agreements specify their title and practice in accord with their Document of Recognition.

Q: HB 1302 was passed in 1998, which included specific language that affects reimbursement of advanced practice nurses. It seems, however, that more education on this law is needed. Can you please remind us of this specific legislation?

A: The language you are referring to is now in the statute, 376.407, RSMo. It states:

Any health insurer, as defined in section 376.806, nonprofit health service plan or health maintenance organization shall reimburse a claim for services provided by an advance practice nurse, as defined in section 335.018, RSMo, if such services are within the scope of practice of such nurse.

Q: Where can I get statutory assistance in determining a Board of Nursing-recognized gerontological nurse practitioner's or gerontological clinical nurse specialist's client population for advanced practice?

A: The statute, 660.053 (5), RSMo, provides a definition of "elderly" or "elderly persons" that may be assistive—"persons who are sixty years of age or older."

Q: Where can I get statutory assistance in determining a Board of Nursing-recognized pediatric nurse practitioner's or pediatric clinical nurse specialist's client population for advanced practice?

A: The statute, 431.055, RSMo, provides a statement that may be assistive—"The legal age at which a person becomes competent to contract in Missouri is eighteen years and any rule or provision of the common law to the contrary is hereby abrogated." Although I found numerous other chapters that specify child definitions, I chose this one because of age factor in being able to contract for health care services.

Q: How do I know whether I am working in a HPSPA or non-HPSPA designated area?

A: To determine if HPSPA designated, go to the following Internet address: <http://www.bphc.hrsa/hpsa.dhhs.gov/databases/hpsa/hpsa.cfm>

Miscellaneous

Resources that may be of interest:

- Peirce, A. (1999). The American Pharmaceutical Association Practical Guide to Natural Medicines. New York: William Morrow and Company.
- Medical Economics Company. (1998). PDR for Herbal Medicines. New Jersey: Author.

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Licensure Corner

Lori Scheidt, AA, Licensing Supervisor

Missouri State Board of Nursing
Licensure Committee Members:

- Ian Davis, LPN, Chair
- Arthur Bante, RN, BSA, CRNA
- Paul Lineberry, PhD
- Patricia Porterfield, RN, MSN
- Charlotte York, LPN

The Licensure Committee includes diverse representation in nursing education and nursing service.

Graduate Nurse Practice The Rule

State Regulation 4 CSR 200-4.020 (3) reads: "A graduate of a nursing program may practice as a graduate nurse until s/he has received the results of the first licensure examination taken by the nurse or until ninety (90) days after graduation, whichever first occurs."

Missouri does not issue a graduate temporary permit, however, if the individual qualifies s/he may practice as a graduate nurse under 4 CSR 200-4.020 (3).

The graduate must cease practice as soon as s/he fails the exam or 90 days after graduation, whichever is first.

We recommend that you have the graduate sign an Authorization to Release Confidential Information form so we may provide you with periodic updates on the person's exam and licensure information. A sample authorization form is included with this article.

After the Examination

Graduates applying for an original license by exam in Missouri will be licensed automatically upon receipt of passing results provided all other

licensure requirements are met. When results are received, the successful candidate will be sent the results and a "pass" letter authorizing the person to practice until the license is received.

There is a thirty (30)-day grace period for graduates who have successfully passed the first available licensing examination in another state following graduation to obtain a temporary permit or license in Missouri after the graduate has received his/her results. Graduates applying for endorsement to Missouri should begin the Missouri licensure process immediately following graduation. As soon as the graduate receives passing results, the graduate should forward a copy of the results to our office so we can issue a temporary permit. A temporary permit cannot be issued until another state has issued the applicant the authority to practice in that state.

About Orientation

Orientation is considered to be employment. Any nurse in orientation must have either a valid Missouri temporary permit or current Missouri license. The only exception to this policy is if the nurse is practicing under an exemption as listed in Chapter 335.081 of the Missouri Nursing Practice Act or under State Regulation 4 CSR 200-4.020 (3).

Proper Supervision

According to 4 CSR 200-5.010 (1), proper supervision is defined as, "the general overseeing and the authorizing to direct in any given situation. This includes orientation, initial and ongoing direction, procedural guidance and periodic inspection and evaluation."

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AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

(Print Legibly in Black Ink)

I, _____, hereby authorize the MISSOURI STATE BOARD OF NURSING to release any and all information regarding my licensure and exam application status as a Licensed Practical Nurse/Registered Professional Nurse to my employer,

and/or their representatives.

This release authorizes the Missouri State Board of Nursing to release the following information: my name, address, nursing school name, graduation date, eligibility status, test appointment date, date exam was taken, whether or not I took the exam and my exam results.

A copy of this authorization will be considered as effective and valid as the original.

Date _____

Applicant's Signature _____

Applicant's Printed Name _____

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EEO/AA

SCHEDULE OF BOARD MEETING DATES THROUGH 1999

September 15-16-17, 1999
December 8-9, 1999

If you are planning on attending any of the meetings, listed above, notification of special needs should be forwarded to the State Board of Nursing, P. O. Box 656, Jefferson City, MO 65102 or by calling 573-751-1416 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2866.

Dates, times, and locations are subject to change. Please contact the Board office for current information.

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Summary of Actions from June 3-4, 1999 Board Meeting

ADMINISTRATIVE MATTERS

Authorized staff to develop a continued competency task force to investigate and evaluate the need to require continuing education units from licensees.

EDUCATION MATTERS

The Board took action and received a report on actions recommended by the Education Committee in the following matters:

NURSING PROGRAMS

The Board denied the initial proposal for a practical nursing program at Texas County Technical Institution.

Accepted the request from Pann Valley Community College Practical Nursing Program to restart the evening/weekend practical nursing program.

Accepted a curriculum change at St. John's School of Nursing Associate Degree Program.

Accepted the request from Northland Career Center Practical Nursing Program to change from a five-day week to a four-day week program.

Accepted proposed curriculum changes for Franklin Technology Center.

Accepted Kennett AVTS response to the five-year accreditation survey report.

Accepted Lutheran Medical Center School of Nursing's change of sponsorship.

Poplar Bluff School District Practical Nursing Program's response to five-year accreditation survey report is not complete and will be reviewed at September board meeting.

Accepted North Central Missouri College Professional Nursing program's five-year site visit.

PRACTICE MATTERS

Request for Board opinion on transferring non-Missouri hospitalized patients to Missouri with their non-Missouri licensed nurse caregivers because of Y2K problem.

The Board approved the Practice Committee's recommendation that the application of 335.081(7), RSMo provides evidence of latitude should Y2K problem described occur.

Request for Board opinion on whether specific LPN can: (A) program and reprogram intrathecal pumps and fill and refill pumps with prescribed, premixed intrathecal medication; and (B) administer IV

medications in pain clinic since physician is present to directly supervise these acts.

A. The Board approved the Practice Committee's recommendation that this matter be tabled until more information from Medtronic can be received about (a) training, programming, and reprogramming, and; (b) that although RNs and LPNs may be engaged in Medtronic's training, who is actually performing various tasks and in what states?

B. The Board approved the Practice Committee's recommendation that LPNs could not administer IV push medications according to the rule 4 CSR 200-6.010 Intravenous Fluid Treatment Administration (6)(E) administer drugs via manual I.V. push except when life-threatening circumstances may necessitate and (1)(D) Life threatening circumstances refers to a physiologic crisis situation wherein prescribed drug administration via manual I.V. push is immediately essential to preserve respiration and/or heartbeat.

Whether specifically trained Opticoncare registered professional nurses can implant peripheral venous access system device (P.A.S. PORT), including creation of a subcutaneous pocket and subcutaneous suturing?

The Board approved the Practice Committee's recommendation that the implanting of P.A.S. PORT, including creation of a subcutaneous pocket and subcutaneous suturing is not within the scope of practice of a registered professional nurse.

Discussion of LPN-IV Therapy Rule:

Time to revise?

The Board approved the motion that Ian Davis and Pat Porterfield (Board members) be selected to represent the Board in working with Board staff to plan the IV Therapy Rule review and the establishment of an IV Therapy Rule Task Force.

LICENSEE MATTERS

Board approved the proposed rule regarding graduate temporary work permits. Staff were directed to begin the process to file the proposed rule.

DISCIPLINE MATTERS

The Board held two probation violation and four disciplinary hearings.

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DISCIPLINARY ACTIONS

Pursuant to Section 335.066.2 RSMo, the Board "may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license "for violation of Chapter 335, the Nursing Practice Act.

Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee's identity, please check the license number.

INITIAL PROBATIONARY LICENSE

Listed below are individuals who were issued an initial probationary license by the Board during the previous quarter, with reference to the provisions of the Nursing Practice Act that were violated and a brief Description of their conduct.

Name	License Number	Violation	Effective Dates
AVA. D. BOWMAN Warrensburg	PN 058597	Section 335.066.1 and .2 (1) (2) (6) (14) RSMo Possessed Cocaine in 1995. On 1/26/96, was found guilty to possession of a controlled substance and sentenced to 5 years probation.	5/4/99 to 5/4/01
CAROL A. CONWAY Republic	RN 153960	Section 335.066.1 and .2 (2) RSMo Pled guilty to blood alcohol content and pled guilty to driving while intoxicated on 2 occasions. Terminated for alleged theft of medications.	3/30/99 to 3/30/01
JULIE K. KOEPKE Olathe, KS	RN 154341	Section 335.066.1 and .2 (1) (5) (12) RSMo Misappropriated Benadryl from her employer for personal consumption.	6/15/99 to 12/5/01
CELESTE M. MOLEN Shawnee, KS	PN 058683	Section 335.066.12 and .2 (5) (6) (7) (12) RSMo Practiced as a nurse without a license from July 1997 to April 1999.	6/15/99 to 6/15/01
GARY E. NELSON Kansas City	RN 154342	Section 335.066.1 and .2 (3) (5) (6) (12) RSMo Continued working past his temporary permit expiration date. Was not truthful with Board staff when asked if he had been working as a nurse.	6/15/99 to 6/15/01
ELIZABETH M. NIPPER Belgrade	PN 058537	Section 335.066.1 and .2 (1) (5) (6) (12) RSMo Violated previous 1992-1995 disciplinary agreement. License revoked on 5/93. On 6/93 pled guilty to DWI.	3/30/99 to 3/30/2002
MARTHA E. PUGH Fayette	RN 153115	Section 335.066.1 and .2 (1) (14) RSMo As an LPN, licensee's pre-employment drug screen tested positive for Cocaine metabolites on 8/3/98.	12/21/98 to 12/21/2001
JONATHAN P. RABE Marshall	PN 058563	Section 336.066.1 and .2 (1) (2) (6) (14) RSMo Convicted of DWI and BAC in 1979. Addicted to Xanax from 1993 to 1997.	4/2/99 to 4/2/02
GAIL A. SCHLAU Desoto	PN 041703	Section 335.066.1 and .2 (1) (2) (3) (5) (11) (12) RSMo License lapsed 6/1/95. Failed to report alcohol addiction on 9/14/98 renewal application and on 1/8/99 application for licensure by reciprocity. Pled guilty to Class A misdemeanor of passing a bad check on 5/19/93. Pled guilty to 2 counts of Class A of passing a bad check on 7/26/94. Reported to work on 1/20/95 exhibiting symptoms of intoxication.	3/5/99 to 3/5/02
SHEREE C. WALLS St. Louis	PN 058341	Section 335.066.1 and .2 (6) RSMo Continued to practice as a graduate practical nurse after learning that she failed the LPN exam.	1/25/99 to 1/25/00
SANDRA A. WILLIAMS Bowling Green	PN 058412	Section 335.066.1 and .2 (2) (8) RSMo Pled guilty to stalking and domestic violence by threatening. On 2/13/99, Mississippi Board of Nursing issued order restricting license.	3/5/99 to 3/5/01

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CENSURED LICENSES

Name	License Number	Violation	Effective Date
CRYSTAL D. ANDERSON Fulton	PN 056545	Section 335.066.2 (5) (6) (12) RSMo Practiced nursing on a lapsed license from 6/1/98 to 10/6/98.	7/9/99
LISA M. BOELTER Lee's Summit	PN 050762	335.066.2 (5) (6) (12) RSMo Practiced nursing on a lapsed license from 6/1/97 to 1/28/98.	7/15/99
MARY L. CLAEYS Columbia	RN 087691	Section 335.066.2 (5) (12) RSMo Had been absent from work on 1/1/97. When licensee returned to work submitted a forged physician's note to receive Family Medical Leave.	6/22/99
CHERI B. DEVORE Springfield	RN 089112	Section 335.066.2 (5), (12) RSMo Entered the password of another employee in the pyxis machine rather than having the wastage of a controlled substance properly witnessed.	5/4/99
JANET E. DONALDSON Kansas City	PN 050875	Section 335.066.2 (5), (6), (12) RSMo Practiced nursing on a lapsed license from 6/1/97 to 12/3/97	5/19/99
PATRICIA P. GADDY Rolla	RN 034043	Section 335.066.2 (5) (12) RSMo Administered medication despite physician's order to hold the medication; administered two Vicodin to a patient when order read one Vicodin.	4/15/99
PATRICIA GAWF-GARCIA Blue Springs	RN 100030	Section 335.066.2 (5) (6) (12) RSMo Wrote and signed a prescription for Ambien while working as a Board recognized Family Nurse Practitioner.	7/9/99
DONNA M. GOLD Branson	RN 093694	Section 335.066.2 (5) (12) RSMo Drew a picture of a heart on patient's buttocks who was admitted for colonoscopy.	4/13/99
CHRISTINE S. KING Joplin	RN 120383	335.066.2 (5) (12) RSMo Administered 25mg of Demerol I.M., to patient when physician order indicated 25mg of Demerol I.V. Falsified chart by indicating order was for I.M. 25mg of Demerol.	4/12/99
REBECCA A. STEPHENS Houstonia	RN 104175	Section 335.066.2 (5), (6), (12) RSMo As a FNP, Licensee wrote and signed a prescription for Restoril, a controlled substance.	5/31/99
LINDA S. WALTON Peculiar	PN 022358	Section 335.066.2 (5) (6) (12) RSMo Practiced nursing on a lapsed license from 6/1/97 to 8/3/98.	4/27/99

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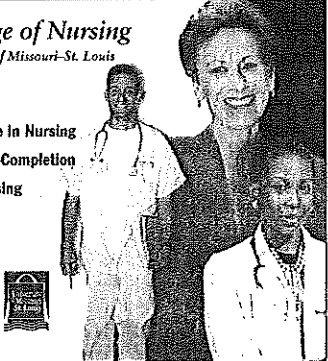
Name	License Number	Violation	Effective Date
AMY K. BRAUN St. Louis	RN 123328	Section 335.066.2 (5) (12) RSMo Took signed blank prescription forms from 2 physicians and wrote a prescription for Phentermine and/or Pondimin in her mother's name.	7/1/99 TO 7/1/02
BERNICE BROOKS St. Louis	RN 069389	Section 335.066.2 (5) (12) RSMo Observed patient's condition had worsened on her shift and failed to contact physician until after patient expired.	5/19/99 TO 5/19/00
DONNA J. EDWARDS St. Louis	RN 074692	Section 335.066.2 (2) RSMo Pled guilty to Unlawful Receipt of Food Stamps over \$150.	6/22/99 TO 6/22/00
VICKIE C. FRAGER St. Louis	RN095910	Section 335.066.2 (5) (6) (7) (12) RSMo Represented self as an advanced practice nurse from 6/30/97 to 2/21/99 without being recognized by the Board.	6/3/99 TO 6/3/01
VIKKI M. GARRETT Hallsville	PN 037442	Section 335.066.2 (5) (6) (12) RSMo Practiced nursing on a lapsed license from 6/1/94 to 8/6/97	4/12/99 TO 4/12/00
SHEILA G. HOLLOWAY Cape Girardeau	RN 121240	335.066.2 (1) (5) (12) RSMo Breathalyzer test positive at 0.043. Terminated for violating Employee Assistance Program Contract	4/2/99 TO 4/2/02
DEBRA J. KEENEY Springfield	RN 110492	Section 335.066.2 (5) (12) RSMo Contrary to the physician's orders, licensee hung incorrect IV medication for administration to a patient.	5/11/99 TO 5/11/02
TWYLENE D. LAHUE Independence	RN 064808	Section 335.066.2 (5) (12) RSMo Licensee struck patient on the clothed buttocks with an open hand so the patient would cooperate.	10/27/98 TO 10/27/00

Continued to page 14

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PROBATION continued

Name	License Number	Violation	Effective Date
ERIN P. LYNCH Kansas City	RN 126390	Section 335.066.2 (1) (5) (12) (14) RSMo Variety of drugs and syringe labeled Epinephrine found in licensee's fanny pack. Positive drug screen for Marijuana	4/22/99 TO 4/22/01
LAURA L. NEWCOMER Perryville	RN 134863	335.066.2 (5) (12) RSMo Spanked/swatted a 5 year old patient on the buttocks.	6/30/99 TO 6/30/02
MARGARET PETERSON Kansas City	PN 018470	Section 335.066.2 (5) (6) (12) RSMo Practiced nursing on a lapsed license from 6/1/97 to 12/4/98	7/2/99 TO 7/2/00
SYLVIA B. PLUNK Dexter	RN 101943	Section 335.066.2 (5) (12) RSMo Slapped resident on the face when the resident grabbed licensee's breast.	6/25/99 TO 6/25/00
MARTHA E. PUGH Fayette	PN 020287	Section 335.066.2 (12) RSMo Pre-employment screen on 8/3/96 was positive for the presence of Cocaine metabolites	3/9/99 TO 3/9/02
MARGARET M. ROST Jefferson City	RN 103772	Section 335.066.2 (2) RSMo Pled guilty in the Circuit Court of Cole County, Missouri, to possession of a controlled substance.	5/3/99 TO 5/3/03
MARGARET R. SANFORD Lenexa, KS	RN 136671	335.066.2 (5) (6) (7) (12) RSMo Wrote prescription for Tylenol #3 practiced and used the title of nurse practitioner without Board recognition.	7/1/99 TO 7/1/01
KEVIN L. SIEVERT Hallsville	RN 127484	Section 335.066.2 (1) (2) (5) (12) (14) RSMo Use of crack cocaine on an episodic basis. On 1/6/98 consumed crack cocaine. Urine screen tested positive for cocaine.	5/13/99 TO 5/13/02
MILDRED L. SPOOR Kansas City	RN 107735	Section 335.066.2 (5) (6) (7) (12) (14) RSMo Represented self and practiced as an APN from 5/97 until 7/21/98. Prescribed controlled substance on 2 occasions.	6/12/99 TO 6/21/04
MELISSA D. SUMMERSKILL Raytown	RN 128712	Section 335.066.2 (1) (5) (12) (14) RSMo Discrepancies found on 10 occasions in the licensee's documentation of controlled substances. Tested positive for Marijuana on 1/97.	5/31/99 TO 5/31/2002
CONNIE J. THOMAS Brookline	RN 123475	Section 335.066.2 (5) (12) RSMo Failed to inform physician of unborn child's heart tone decelerations on 2/12/98 on 3 occasions. Failed to take appropriate nursing interventions with expectant mother.	3/23/99 TO 3/23/01
ANDREA M. TRANTANELLA St. Louis	RN 099721	Section 335.066.2 (1) (5) (12) (14) RSMo Misappropriated Demerol, Percocet, and Morphine for personal use.	4/8/99 TO 4/8/02
ANDREA F. WELLS St. Louis	PN 043245	335.066.2 (1) (5) (12) (14) RSMo Consumed Cocaine	6/1/99 TO 6/1/03
TERRI L. WINKELMANN O'Fallon	PN 038974	Section 335.066.2 (5) (6) (12) RSMo 1994 Practiced nursing on a lapsed license from 6/1/97 to 7/20/98.	5/13/99 TO 5/13/00

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Suspension/Probation

Name	License Number	Violation	Effective Dates of Suspension	Effective Dates of Probation
RACHEL J. FLAVIN St. Louis	RN100614	Section 335.066.2 (1) (5) (12) (14) RSMo Misappropriated Demerol, Stadol, Demerol PCA syringes	4/8/99 TO 10/8/99	10/8/99 TO 10/8/04
LORI B. SPARKS Bonne Terre	RN124734	Section 335.066.2 (1), (5), (12), (14) RSMo Asked to leave work due to condition (speech rambling and incoherent) and inability to provide appropriate nursing care. Made 6 medication errors. Used Marijuana and Cocaine.	3/25/98 TO 3/25/99	3/25/99 TO 3/25/2004

REVOKED LICENSES

Name	License Number	Violation	Effective Date
ADRIENNE M. KOSZA Warm Mineral Springs, FL	PN 045711	Violated terms of the Settlement Agreement with the Missouri State Board of Nursing	5/19/99
TONI C. MOORE St. Louis	PN 046556	Section 335.066.2 (2) (5) RSMo Between 10/95 and 7/97, pled guilty to 2 counts of forgery; pled guilty to 6 counts of passing bad checks; pled guilty to one count of failure to return rental property. From 6/22/97 to 7/10/97, used the telephone of an elderly home health client to a psychic hotline with a total cost of \$1,332.33.	1/13/99

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SURRENDERED LICENSES

Name	License Number	Effective Date
BARBARA A. HROUDA	RN 039199	6/22/99
JANET E. HUDSPETH	PN 030589	1/21/99
NILA K. JONES	RN 121995	3/4/99
DONNA L. PHILLIPS	RN 091647	7/23/99
DIANA J. SNOW	RN 126337	4/30/99
BELLA D. TODD	PN 017785	6/15/99

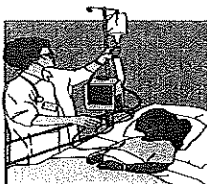
Update on Licensed Nurses in Missouri

As of July 4, 1999 the active licensed nurse count in Missouri was:

Registered Nurses with in-state addresses	54,705
Registered Nurses with out-of-state addresses	20,855
Licensed Practical Nurses with in-state addresses	14,096
Licensed Practical Nurses with out-of-state addresses	2,828
TOTAL	92,484

Advanced practice nurse recognition as of 6/6/99 3,055

Over 3,000 registered nurses allowed their license to expire with the last renewal ending 4/30/99.



National Council of State Boards of Nursing Information (http://www.ncsbn.org)

Online Course Exclusively for Nurse Educators

A new online course is available for nurse educators who need to learn the basics or refresh their knowledge of test construction and item writing. *Assessment Strategies for Nurse Educators: Test Development and Item Writing*, once a popular face-to-face workshop, has been reconstructed into the online environment to enable participants to receive six weeks of unlimited, personal, 24-hour access to learn item writing and test construction.

Through eight lessons, participants will learn the principles of multiple-choice item writing and will learn and practice writing basic multiple-choice items using the "NCLEX-style." Basic techniques for writing items that assess higher order cognitive processes and guidelines for detecting potential item bias will also be presented.

This course was developed by the Special Services Division of the National Council of State Boards of Nursing. The course is located in the National Council Virtual Campus at www.nursingknowledge.com. The course is being offered at a special introductory price of \$199.00 (after the introductory period, the price is \$249.00). Participants can enroll at anytime.

Take a tour of course features and read the frequently asked questions about the course at www.nursingknowledge.com. For further information contact the Special Services Division via email at asinstructor@ncsbn.org.

States Pass Legislation to enter into Interstate Nurse Licensure Compacts

Five states have enacted legislation that would allow their nursing licensure board to enter into an interstate nurse licensure compact. The states are Arkansas, Maryland, North Carolina, Texas, and Utah. The five states will now have the statutory authority to enter into Interstate Compacts with each other allowing RNs and

LPNs to practice under the Mutual Recognition Model of licensure. Page 1 of the Newsletter has an article on Mutual Recognition from the President of the Missouri State Board of Nursing. Readers are encouraged to read the article. In addition information on Mutual Recognition can be found at the National Council of State Boards of Nursing Website listed above.

Licensure/Endorsement fees of other states available on Internet

If you are planning to move to another state and need licensing information about that state, the National Council of State Boards of Nursing Website will be of help. The address is listed at the beginning of the article. The NCSBN Website has information on initial licensure fees, endorsement fees, renewal fees, late fee charges and advanced practice nurse fees. In addition the Website can access nursing practice acts and regulations for the majority of the boards and provide you with the address, phone number and Website, if available, of the nursing board you need to contact.

1999 Annual Meeting of the National Council of State Boards of Nursing

The Annual Meeting of the National Council of State Boards of Nursing will be held on July 27 to July 31, 1999 in Atlanta, Georgia. Board members and staff from the Missouri State Board of Nursing will attend. Educational/research programs covering continued competence, public policy, delegation and supervision of unlicensed assistive personnel, regulatory challenges and management of chemically dependent nurses will be offered at the meeting in addition to the Delegate Assembly which will vote on issues of importance to the members. The National Council of State Boards of Nursing's goal is "Leading in nursing regulation by helping boards of nursing promote safe and effective nursing practice."

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THE MISSOURI STATE BOARD OF NURSING ANNOUNCES A COURSE AVAILABLE FOR NEW NURSE ADMINISTRATORS

Staff of the Missouri State Board of Nursing invite you to participate in an information session regarding the functions of the Board of Nursing and how these functions may impact the role of the chief nurse administrator in all types of health care settings. The day long session is targeted for registered professional nurses newly appointed to a director level position in the last 12 months. Only one person from a facility may attend each session. The sessions will be held on a quarterly basis in Jefferson City. Registration is required since the class is limited to 12 nurses per session.

DATE January 12, 2000

TIMEFRAME 8:30 a.m. to 4:30 p.m.

LOCATION Missouri State Board of Nursing
Professional Registration Building
3805 Missouri Boulevard
Jefferson City, MO

COST \$50.00 registration fee.
Make check payable to
Missouri State Board of Nursing
(covers cost of materials
and meal)

FACULTY Liz Cardwell, M.Ed, RN
Discipline Coordinator

Lori Scheidt, AA
Licensing Supervisor

George Snodgrass, BA
Chief Investigator

Rita Tadych, PhD, RN
Assistant Director for
Discipline and Practice

Calvina Thomas, PhD, RN
Acting Executive Director

The registration form is on this page. Please complete the form and fax it to the Missouri State Board of Nursing at 573-751-0075. Please be sure to select the program date of your choice. We will accept reservations on a first come, first served basis.

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MISSOURI CODE OF STATE REGULATIONS MISSOURI STATE BOARD OF NURSING

CHAPTER 2 – MINIMUM STANDARDS FOR ACCREDITED PROGRAMS OF PROFESSIONAL NURSING

4 CSR 200-2.001 Definitions

PURPOSE: This rule defines terms used in 4 CSR 200.

- (1) When used in 4 CSR 200, the following terms mean:
- (A) Accredited—Recognized by the board as meeting or maintaining minimum standards for educational preparation of professional nurses;
 - (B) Administrator—Registered professional nurse with authority and responsibility for administration of program;
 - (C) Annual report—Report submitted annually by the administrator of the program that updates information on file with the board and validates continuing compliance with minimum standards;
 - (D) Associate degree program—Program leading to associate degree in nursing conducted by degree granting institution;
 - (E) Baccalaureate program—Program leading to baccalaureate degree in nursing conducted by degree granting institution;
 - (F) Board—Missouri State Board of Nursing;
 - (G) Campus—A separate geographic location with a separate student body and coordinator;
 - (H) Certificate of accreditation—Document issued by the board to schools of nursing which have met minimum standards;
 - (I) Clinical experience—Faculty planned and guided learning activities designed to meet course objectives or outcomes and

- to provide a nursing student with the opportunity to practice cognitive, psychomotor, and affective skills in the delivery of nursing care to an individual, group or community;
- (J) Clinical skills laboratory—Designated area where skills and procedures can be demonstrated and practiced;
- (K) Conditional accreditation—status of a school or program that has failed to meet or maintain the regulations or requirements, or both, set by the board. This status is subject to the school or program conforming to the requirements and recommendations and within a time period set by the board;
- (L) Coordinator—Registered professional nurse with authority and responsibility for administration of the campus nursing program as delegated by the administrator of the nursing program;
- (M) Curriculum—Planned studies and learning activities designed to lead students to graduation and eligibility for application of licensure;
- (N) Diploma program—Program leading to

- diploma in nursing sponsored by a health care institution;
- (O) Direct care—A clinical experience in which patient care is given by the student under the direction of the faculty member or preceptor;
- (P) Distance learning site—An offering of studies primarily from a campus location to a separate location;
- (Q) Endorsement—Process of acquiring licensure as a nurse based on original licensure by examination in another state, territory or country;
- (R) Faculty—Individuals designated by sponsoring institution with responsibilities for development, implementation and evaluation of philosophy, objectives and curriculum of nursing program;
- (S) Full-time faculty—Those individuals deemed by sponsoring institution to meet definition for full-time employment;
- (T) Generic—Initial educational program in nursing leading to entry-level licensure;
- (U) Governing body—Body authorized to establish, monitor policies and assume responsibility for the educational programs;


Continued to page 20

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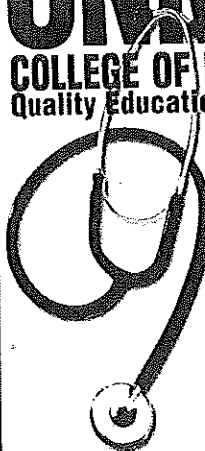
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- (V) Graduate competency—Individual graduate behaviors;
- (W) Initial accreditation—status of a newly established school or program that has not graduated its first class and has not received other approval status;
- (X) Minimum standards—Criteria which nursing programs shall meet in order to be approved by the board;
- (Y) NCLEX-RN® examination—National Council Licensure Examination for Registered Nurses;
- (Z) Observational experiences—Faculty planned learning experiences designed to assist students to meet course objectives by the observation of patients/clients;
- (AA) Participatory observation—A planned clinical experience in which students under the direction of a faculty member, may participate in basic care activities, such as, assessment of vital signs, collection of data and assistance with activities of daily living where a registered nurse may or may not be present. Students shall have the skills appropriate to the experiences planned. Students may

- not participate in invasive or complex nursing activities beyond documented competencies without direct supervision of faculty member or preceptor;
- (BB) Part-time faculty—Individuals deemed by the sponsoring institution to meet the definition for part-time employment;
- (CC) Philosophy—A composite of the beliefs that the faculty accept as valid and is directly related to curriculum practices which may be noted as mission or goals of program;
- (DD) Pilot program/project—Educational activity which has board approval for a limited time;
- (EE) Preceptor—Registered professional nurse assigned to assist nursing students in an educational experience which is designed and directed by a faculty member;
- (FF) Program—Course of study leading to a degree or diploma;
- (GG) Requirement—a mandatory condition that a school or program meets in order to comply with minimum standards;
- (HH) Sponsoring institution—The institution that is financially and legally responsible for the nursing program;
- (II) Statement of need—Current evidence of need for professional and practical nurses and of community support;
- (JJ) Systematic evaluation plan—Written plan developed by faculty for comprehensive evaluation of all aspects of the program; and
- (KK) Written agreement—Formal memorandum of understanding or contract between a nursing education program and a clinical site which designates each party's responsibilities for the education of nursing students.

AUTHORITY: Section 335.036, RSMo Supp. 1997.*
Original rule filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999.

*Original authority 1975, amended 1981, 1985, 1993, 1995.

4 CSR 200-2.010 Accreditation

PURPOSE: This rule defines accreditation in the minimum standards for accredited programs of professional nursing and registration of professional nurses in Missouri.


- (1) Generic programs granting diploma, associate degree or baccalaureate degree with a major in nursing shall obtain accreditation from the Missouri State Board of Nursing.
 - (A) Purposes of Accreditation.
 1. To promote the safe practice of professional nursing by setting minimum standards for schools preparing entry-level professional nurses.
 2. To assure that educational requirements for admission to the licensure examination have been met and to facilitate endorsement in other states, territories, countries, or a combination of these.
 3. To encourage continuing program improvement through self-study, evaluation and consultation.
 4. To assist programs of professional nursing in developing and maintaining academic standards (didactic and clinical) that are congruent with current educational and nursing practice standards.
 - (B) Classification of Accreditation.
 1. Initial accreditation is the status granted a program of professional nursing until full accreditation is granted.
 2. Full accreditation is the status granted a program of professional nursing after the program has graduated one (1) class and has met minimum standards.
 3. Conditional accreditation is the status of a program that has failed to meet or maintain the regulations or

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requirements, or both, set by the board. This status is subject to the school or program conforming to the requirements set by the board.

(C) Accreditation Process.

1. Requirements for initial accreditation.

- A. An institution desiring to establish a program of professional nursing should send a letter of intent to the board at least three (3) months prior to the submission of a proposal. The letter of intent must include: the mission statement of the educational institution; accreditation status of the educational institution; type and length of the nursing program proposed; and tentative budget plans including evidence of financial resources adequate for planning, implementing, and continuing the nursing program.
- B. A program proposal shall be written and presented to the board by the administrator of the proposed program with or without faculty assistance. The proposal shall bear the signature of the administrator who shall meet the criteria in 4 CSR 200-2.060(2)(A) and shall be active in the position on a full-time basis at least nine (9) months and preferably one (1) year prior to the entry of the first class. Fourteen (14) copies of the proposal must be accompanied by the required application fee. The proposal must be prepared following the reporting format and include each component as indicated in 4 CSR 200-2.010(1)(C). Board approval of the proposal with or without contingencies must be obtained no later than six (6) months prior to the anticipated opening date.
- C. A proposal submitted shall contain the following information:
 - (I) Statement of need and feasibility study which includes:
 - (a) Documentation of the need for the nursing program with rationale for why the program should be established;
 - (b) Number of professional nursing and practical nursing programs in the area and potential effect on those nursing programs;
 - (c) Number and source of anticipated student population;
 - (d) Number and type (practical nurse, associate, diploma, and baccalaureate) of nurses available in service area;
 - (e) Number and type of employers in the service area including documentation that these employers need graduates

of the proposed program, including projections of nursing staff needs;

- (f) Documentation of community and economic development need and support for the proposed nursing program;
 - (g) Letters of support for the proposed nursing program; and
 - (h) Source of potential qualified administrator and faculty;
- (II) Curriculum.
- (a) Philosophy.
 - (b) Organizing framework.
 - (c) Graduate competencies.
 - (d) Curriculum sequence.
 - (e) Course objectives and descriptions including credit hours for all courses;
- (III) Students.
- (a) Number of students per class.
 - (b) Number of classes admitted per year.
 - (c) Admission criteria.
 - (d) Plans for progression and retention of students.
 - (e) Grievance procedure.
 - (f) Plan for emergency health care of nursing students;
- (IV) Faculty.
- (a) Number of full-time and part-time faculty.
 - (b) Qualifications of faculty.
 - (c) Position descriptions;
- (V) Ancillary personnel.
- (a) Position description.
 - (b) Number of full-time and part-time ancillary personnel;
- (VI) Sponsoring institution.
- (a) Evidence of authorization to conduct the program of professional nursing.
 - (b) Accreditation status of the sponsoring institution.
 - (c) Description of the governing body and copies of the organizational charts of the sponsoring institution and of the program of professional nursing.
 - (d) Evidence of the financial stability and resources of the sponsoring institution and the program of nursing; and
- (VII) Facilities.
- (a) Description of education facilities (classrooms, library, offices, clinical skills laboratory, and other facilities).
 - (b) Description of available

equipment and supplies for clinical development, list of library and learning resources and number of computers available for student use.

- (c) Description of clinical sites that will provide educationally sound experience.
- (d) A letter of intent from each proposed clinical site indicating that they are able to offer/provide the educational experiences necessary for student learning.

(D) Site Survey.

1. Prior to initial accreditation a representative from the board shall make an on-site survey to verify implementation of the proposal and compliance with 4 CSR 200-2.050 4 CSR 200-2.130.

(E) Board Decision.

1. Initial Accreditation will be granted if the site survey indicates the proposal has been implemented and the program is in compliance with 4 CSR 200-2.050 4 CSR 200-2.130 as determined by the board or its representative(s). Throughout the period of initial accreditation, the program will be evaluated annually. Upon graduation of the first class of students which has completed the entire program and receipt of results of the National Council Licensure Examination for Registered Nurses (NCLEX-RN® examination), the board will review—
 - A. The program's compliance with minimum standards during initial accreditation—including the program's adherence to the approved proposed and changes authorized by the board;
 - B. Report of the on-site survey (if conducted);
 - C. Report of National Council Licensure Examination NCLEX results (see 4 CSR 200-2.180(1)); and
 - D. Identification and analysis of student attrition rate.
2. After its review, the board will decide to continue initial accreditation for a period of not more than one (1) year, deny accreditation or grant full accreditation.

(2) Full Accreditation.

- (A) Annual Report. Each program and each


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campus of each program shall complete and submit an annual report to the board. A copy of a current operational budget and audited fiscal report showing income and expenditures shall be submitted with the annual report. Annual reports shall be completed with current information except where otherwise noted in the Annual Report form and sent to the board prior to the deadline established per board policy. Annual reports shall be submitted in a format provided by the board. Following review by the board, each program shall be notified of the board's action(s).

- (B) Five (5)-Year Survey. Each accredited program and each campus of each accredited program shall be surveyed every five (5) years from the first year of full accreditation. An on-site survey or a paper survey may be conducted. If a nursing program is accredited by a national recognized nursing accrediting body AND accredited by North Central Association for Schools and Colleges or the Coordinating Board for Higher Education, or the Accrediting Council for Independent Colleges and Schools, a five (5)-year on-site survey may be deferred. A paper review may be completed to include a self-study, recommendations of accrediting body, and attrition information as required by the board. Copies of correspondence regarding changes in accreditation status shall be submitted to the Board of Nursing immediately.
- (C) Additional Visits/Surveys. A representative of the board shall make additional visits/surveys as deemed necessary by the board. A program may request additional visits.
- (3) Annual Registration.
 - (A) An application for annual registration shall be sent to each accredited program and each campus of each accredited program from the board. Failure to receive the application will not relieve the program of its obligation to register.
 - (B) A separate annual registration form and designated fee shall be submitted to the board for each accredited program and each campus of each accredited program prior to June 1.
 - (C) Programs shall not operate without current registration. Failure to submit the required registration fee prior to June 1 will result in

a lapsed status and the disciplinary process shall be initiated.

- (4) Removal of Accreditation. A program's accreditation may be removed pursuant to section 335.071.3, RSMo, for noncompliance with minimum standards.
 - (A) Should circumstances warrant, the board will notify the program administrator of concerns regarding the program, and the administrator will be requested to respond to those concerns.
 - (B) A program which fails to correct identified deficiencies to the satisfaction of the board within a reasonable time shall, after notice and hearing, be removed from the board's listing of accredited programs.

AUTHORITY: section 335.036, RSMo Supp. 1997.*
This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Redopted: Filed March 12, 1981, effective June 11, 1981. Amended: Filed Oct. 14, 1981, effective Jan. 14, 1982. Amended: Filed Dec. 10, 1981, effective March 11, 1982. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original rule). Amended: Filed Oct. 14, 1987, effective Jan. 29, 1988. Rescinded and redopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Dec. 14, 1994, effective May 26, 1995. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999.

*Original authority 1975, amended 1981, 1985, 1993, 1995.

4 CSR 200-2.020 Discontinuing and Reopening Programs

PURPOSE: This rule defines the procedure for discontinuing and reopening programs of professional nursing.

- (1) Program Discontinuation.
 - (A) A letter of intent shall be submitted to the board, at least six (6) months, and preferably one (1) year prior to closing the program. A letter of intent shall include:
 1. Closing date; and
 2. Plans for completion of program for currently enrolled students.
 - (B) The plan for closure must be approved by the board prior to implementation.
 - (C) Date of completion on the diploma or degree shall be on or before the official closing date of the program.
 - (D) Application for registration with the required fee shall be submitted annually to the board as long as there are students in the program of professional nursing.
 - (E) Records for all graduates and for all students who attended the program of professional nursing shall be filed in the manner used by the institution conducting the program.
 1. Transcripts of all courses attempted or completed by each student attending the program shall be maintained permanently in a fire-resistant file, storage area, or both. Provisions for obtaining copies of transcripts shall be maintained.
 2. If the program of professional nursing closes, but the sponsoring institution continues, that institution shall assume the responsibility for the records and notify the board, in writing, of the location of the storage of the records.
 3. If the program of professional nursing and the sponsoring institution both

close, the transcripts shall be given permanent custodial care and the board shall be notified in writing of the name and address of the custodian.

- (F) Classroom and clinical instruction approved by the board shall be provided until the designated date of closing. The school shall be responsible for providing a complete educational program for the currently enrolled students or shall provide a mechanism for transfer.

- (2) Program Reopening. The procedure for reopening a program of professional nursing is the same as for initial accreditation in 4 CSR 200-2.010(1)(C).

AUTHORITY: section 335.036, RSMo Supp. 1997.*
This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Redopted: Filed March 12, 1981, effective Jan. 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and redopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999.

*Original authority 1975, amended 1981, 1985, 1993, 1995.

4 CSR 200-2.030 Change of Sponsorship

PURPOSE: This rule defines the procedure for change of sponsorship.

- (1) An institution assuming the sponsorship of an accredited program of professional nursing shall notify the board in writing within ten (10) working days after the change of sponsorship.
- (2) A Change in Sponsorship form provided by the board shall be completed and returned within thirty (30) days of receipt of form.
- (3) Any proposed changes that affect the criteria included in 4 CSR 200-2.010(1)(C)1.A.C. must be approved by the board prior to implementation.
- (4) Program documents shall be changed to indicate the appropriate sponsor. The board may issue a Certificate of Accreditation indicating the change in sponsorship, if appropriate.

AUTHORITY: section 335.036, RSMo Supp. 1997.*
This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Redopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and redopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999.

*Original authority 1975, amended 1981, 1985, 1993, 1995.

4 CSR 200-2.035 Multiple Campuses

PURPOSE: This rule defines the procedure for multiple campuses.

- (1) Each campus of a program of professional nursing will be treated independently for purposes of compliance with the minimum standards set forth by the State Board of Nursing.
- (2) Each campus is required to submit a separate annual report, five (5)-year survey, annual registration and annual registration fee.

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- (3) The program must submit a proposal as indicated in 4 CSR 200-2.010 and receive approval from the Board of Nursing before opening an additional campus. Each additional campus shall be surveyed.
- (4) It is not necessary that there be a separate administrator for programs which have multiple campuses; however, there must be one (1) full-time faculty person designated as the coordinator of each campus.
- (5) Discipline of one (1) campus will not automatically result in discipline of other campuses of the same program.
- (6) Each campus will be evaluated individually concerning licensure examination results.

AUTHORITY: sections 335.036(2), (3), (4), (5), and (6), RSMo Supp. 1997 and 335.071, RSMo 1994*. Original rule filed Aug. 6, 1998, effective Feb. 28, 1999.

*Original authority: 335.036, RSMo 1975, amended 1981, 1993, 1995 and 335.071, RSMo 1975, amended 1981.

4 CSR 200-2.040 Program Changes Requiring Board Approval, Notification, or Both

PURPOSE: This rule defines program changes which require board approval, notification, or both.

- (1) Changes requiring board approval prior to implementation-
 - (A) Curriculum;
 - (B) Length of program;
 - (C) Clinical sites;
 - (D) Increase number of students by admission or transfer, by more than one (1) beyond the number approved by the Board of Nursing;
 - (E) Pilot program/project;
 - (F) Relocation of the program or any of its components; and
 - (G) Appointment of new faculty or program administrator (see 4 CSR 200-2.060).
- (2) Curriculum changes that require board approval include:
 - (A) Alteration of the program philosophy, purpose(s) and/or objectives which influence or affect the integration of material into the total curriculum.
 - (B) A plan must be presented to the board showing-
 1. Narrative description of the change(s) proposed and the current curriculum;
 2. Rationale for proposed changes;
 3. Concise presentation of the proposed change(s) with the current curriculum, in a side-by-side model, in order to contrast the proposed curriculum with the current curriculum;
 4. Timetable for implementation of changes;
 5. Narrative of impact on the curriculum including philosophy, organizing framework, graduate competencies, and curriculum sequence;
 6. Explanation of the anticipated effect on: currently enrolled students, role and function of graduates of the changed program, faculty and resources and facilities; and
 7. Methods of evaluation to be used to determine the effect of the change.
- (3) The request shall be submitted prior to the deadline established by the board.
- (4) Program changes in the following areas require

board notification and shall be submitted to the board in writing within thirty (30) days:

- (A) Name of program; and
- (B) Mailing address.

AUTHORITY: section 335.036, RSMo Supp. 1997*. This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999.

*Original 1975, amended 1981, 1985, 1993, 1995.

4 CSR 200-2.050 Organization and Administration of an Accredited Program of Professional Nursing

PURPOSE: This rule defines the organization and administration of an accredited program of professional nursing.

- (1) Philosophy of the program shall be in writing and shall be consistent with the mission statement or philosophy of the sponsoring institution.
- (2) The graduate competencies shall be derived from the program's philosophy.
- (3) The philosophy and the graduate competencies shall be the basis on which the program is developed.
- (4) Faculty have authority to formulate rules for governing committees of admission and curriculum.
 - (A) Meetings shall be scheduled at stated intervals.
 - (B) Written minutes shall be maintained of all meetings.
- (5) Organizational Charts. The program shall have a current organizational chart showing the relationship of the program to the sponsoring institution, the faculty structure and cooperating agencies.
- (6) Finance.
 - (A) There shall be an annual budget to support the program.
 - (B) The administrator of the program shall administer the budget.
 - (C) The administrator, with input from the faculty, shall make recommendations for the budget.
- (7) Clerical Assistance. Each program shall have secretarial and other support services sufficient to meet the needs of the program.

AUTHORITY: section 335.036, RSMo Supp. 1997*. This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule).

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Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999.

*Original authority 1975, amended 1981, 1985, 1993, 1995.

4 CSR 200-2.060 Administrator/Faculty

PURPOSE: This rule defines the categories, qualifications and competencies, employment policies and responsibilities of faculty/administrator.

- (1) Responsibilities.
 - (A) The administrator of the program shall be a registered nurse employed full-time. The administrator shall have the primary responsibility and the authority for the administration of the nursing program.
 - (B) Nurse faculty shall develop, implement, maintain and evaluate the program in relation to stated philosophy and graduate competencies of the program.
- (2) Qualifications and Competencies.
 - (A) A program administrator shall meet the following criteria for appointment:
 1. Current license to practice professional nursing in Missouri;
 2. Master's degree in nursing; Master's Degree in Nursing with a clinical component in either the Bachelor's of Science in Nursing or master's with major in nursing. The program administrator appointed to the position prior to March 9, 1992, is exempt from the requirement of having a Master's Degree in Nursing; and
 3. Equivalent of two (2) years of full-time experience within five (5) years or have two (2) years of part-time experience within the last (5) five years and evidence of active pursuit of a Master of Science in Nursing or higher advanced nursing degree. Experience shall be in nursing education, clinical practice, or administration.
 - (B) Faculty must be approved by the board prior to appointment. Nurse faculty shall meet the following criteria for appointment:
 1. Current license to practice professional nursing in Missouri;
 2. Educational requirements.
 - A. All faculty members teaching in

Continued to page 24

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- associate degree or diploma programs shall have a minimum of a baccalaureate degree in nursing with a clinical component.
- B. All faculty members teaching in baccalaureate programs shall have a minimum of a master's degree. Seventy-five percent (75%) of faculty shall have a master's with major in nursing; and
3. Equivalent of two (2) years of full-time experience within five (5) years or have a total of two (2) years of part-time experience within the last five (5) years and evidence of active pursuit of a Master of Science in Nursing or higher advanced nursing degree. Experience shall be in nursing education, clinical practice, or administration.
- (C) Non-nurse faculty shall have professional preparation and qualifications for the specific areas in which they are involved.
- (D) Minimum number of faculty. One (1) full-time professional nurse in addition to the administrator with sufficient faculty, to achieve the objectives of the educational program and such number shall be reasonably proportionate to: number of students enrolled; frequency of admissions; education and experience of faculty members; number and location of clinical sites; and total responsibilities of the faculty. Faculty assignments shall allow time for class and laboratory preparation; teaching; program revision; improvement of teaching methods and participation in faculty organizations and committees.

(3) Employment Policies.

- (A) To the extent required by law, age, marital status, sex, national origin, race, color, creed, disability and religion shall not be determining factors in employment.
- (B) Nursing Program.
1. Personnel policies shall be in writing, available and consistent with the sponsoring agency.
 2. Position descriptions shall be in writing and shall detail the responsibilities and functions for each position.
 3. A planned orientation shall be in writing and implemented, including a description of the role of a licensed

practical nurse and professional nurse according to the Nursing Practice Act (NPA).

- (4) Responsibilities. The administrator and faculty of the program shall be responsible for, but not limited to:
- (A) Complying with minimum standards;
 - (B) Ongoing, systematic development, implementation and evaluation of the total program;
 - (C) Instruction and evaluation of students;
 - (D) Participation on committees providing input on policies regarding recruitment, admission, retention, promotion and graduation of students;
 - (E) Ensuring availability of academic advisement and guidance of students;
 - (F) Maintenance of student records;
 - (G) Ensuring confidentiality of student records;
 - (H) Maintenance of clinical and educational competencies in areas of instructional responsibilities. The program administrator and faculty shall maintain professional competence by activities which may include nursing practice, continuing education, writing, or participation in professional associations;
 - (I) Participation in program activities; and
 - (J) Participation in the development of departmental and institutional policies.

AUTHORITY: section 335.036, RSMo Supp. 1997.* This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999.

*Original authority 1975, amended 1981, 1985, 1993, 1995.

4 CSR 200-2.070 Physical Facilities

PURPOSE: This rule defines the physical facilities required for programs of professional nursing.

(1) Office Space and Equipment.

- (A) The institution shall provide space and equipment to fulfill the purposes of the program.
- (B) The administrator of the program shall have a private office.
- (C) The coordinator(s) and faculty shall have office space sufficient to carry out responsibilities of their respective positions.
- (D) Private areas shall be provided for faculty/student conferences.

(E) Fire-resistant storage space for student records shall be provided (refer to 4 CSR 200-2.110(2)(B)).

(2) Library.

- (A) Each program and each campus of each program shall have library resources with the following:
 1. Quiet area designated for study;
 2. Current resources to meet the educational needs of the students and to meet the instructional and scholarly activities of the faculty;
 3. Budgetary plan for acquisition of printed and multi-media material;
 4. System for readily identifying or deleting outdated resources;
 5. Policies and procedures governing the administration and the use of the library shall be in writing and available to students; and
 6. Library resources shall be available and accessible to meet the needs of the students.
- (3) Classrooms and Clinical Skills Laboratory.
 - (A) Classrooms shall be of size, number and type for the number of students and teaching methodology.
 - (B) Classrooms shall have climate control, ventilation and lighting conducive to learning.
 - (C) Classrooms shall have seating, furnishings and equipment conducive to learning.
 - (D) Storage space shall be available for equipment and supplies.
 - (E) Each program and each campus of each program shall have a clinical skills laboratory available to the students.

AUTHORITY: section 335.036, RSMo Supp. 1997.* This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999.

*Original authority 1975, amended 1981, 1985, 1993, 1995.

4 CSR 200-2.080 Clinical Sites

PURPOSE: This rule defines approval for and required clinical learning experiences in clinical facilities used by the educational unit.

- (1) Clinical sites shall be selected which will provide learning experiences to meet the objectives of the course.
- (2) Clinical sites used for direct care and participatory observation shall be approved by the board prior to utilization for student learning experiences.
- (3) Clinical sites used for Observation do not require board approval prior to utilization.
- (4) Observational and participatory observation experiences should provide learning experiences to meet the program objectives and

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- should not exceed forty percent (40%) of the total clinical program hours. Orientation to the facility does not contribute to the forty percent (40%).
- (5) Clinical sites for each course or clinical experience shall be listed in the annual report and include the following:
 - (A) Course number;
 - (B) Name and address of the clinical site;
 - (C) Purpose (area used);
 - (D) Type of experience, i.e., direct-care, observation, participatory observation;
 - (E) Number of students in clinical group;
 - (F) Number of preceptors;
 - (G) Total clinical clock hours;
 - (H) Confirmation that agreements have been made with other programs who use the clinical site; and
 - (I) Confirmation that the nursing program has a contract with the clinical agency.
 - (6) Programs shall make their own arrangements with the clinical sites. Non-health care related sites utilized for community-based learning experiences for students must have an identifiable sponsoring agency with a clearly defined purpose(s). A contract or letter of agreement shall be completed before experiences.
 - (7) Programs sharing the same clinical sites shall maintain evidence of cooperative planning with each other for the scheduling of clinical experiences. Confirmation should exist that agreements have been made with other programs who use the clinical sites.
 - (8) Each program shall have a written agreement with each clinical site. These written agreements shall be reviewed annually.
 - (9) Clinical agreements shall provide a termination clause.
 - (10) There shall be a written orientation plan for students for each clinical site.

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 *Original authority 1975, amended 1981, 1985, 1993, 1995.

4 CSR 200-2.085 Preceptors

PURPOSE: This rule defines the utilization of preceptors.

- (1) Preceptors may be used as role models, mentors and supervisors of students in professional

nursing programs. Each preceptor shall be provided a copy of the designated objectives of the course in which the student is enrolled and given directions on how to assist the student in meeting the objectives of the course.

- (2) Preceptors do not replace faculty in the education of the student but serve to assist faculty and the student in achieving the designated objectives of the course. Preceptors are not faculty of the nursing program and do not have to meet the qualifications for faculty set forth in the minimum standards (see 4 CSR 200-2.060(2)(B)).
- (3) Preceptors are not to be considered when determining the faculty to student ratio.
- (4) Preceptors shall not be utilized in introductory/foundation courses.
- (5) Each nursing program shall have written policies on the use of preceptors which include the following:
 - (A) Communications between the school and the preceptor concerning the student;
 - (B) The qualifications of the preceptor; and
 - (C) The duties, roles and responsibilities of the school, the student and the preceptor.
- (6) The preceptor shall be currently licensed as a registered professional nurse with at least two (2) years experience, one (1) of which must be in the area of clinical specialty for which the preceptor is used.
- (7) The preceptor must be selected by the nursing program in concert with the clinical site.
- (8) The faculty of the nursing program is responsible for the final evaluation and the assignment of performance rating or grade to the student. The preceptor should provide written documentation of the student meeting the designated objectives for consideration.
- (9) Preceptors shall be identified in the annual report by listing the course and the number of preceptors utilized in that course.

AUTHORITY: section 335.036, RSMo Supp. 1997.
 Original rule filed May 4, 1993, effective March 10, 1994.
 Amended: Filed Aug. 6, 1998, effective Feb. 26, 1999.
 *Original authority 1975, amended 1981, 1985, 1993, 1995.

4 CSR 200-2.090 Students

PURPOSE: This rule defines the selection, transfer and student services for students in programs of practical nursing and provides for foreign students.

- (1) Admission, Readmission and Transfer.
 - (A) The educational program shall comply with the state and federal laws regarding discrimination in the selection and admission of students.
 - (B) Policies for admission, selection, readmission, transfer and advanced placement shall be written, implemented and evaluated by the faculty.

- (C) Admission criteria shall reflect consideration of the potential to:
 1. Complete the program;
 2. Possess necessary functional abilities; and
 3. Meet the standards to apply for licensure (see section 335.046.1, RSMo).
- (D) Students who are readmitted or transferred shall complete the same requirements for graduation as other members of the class to which they are admitted.
- (E) The board shall approve the maximum number of students enrolled in each program. The criteria for approval of the maximum number will be based on:
 1. Availability of qualified faculty;
 2. Available clinical experiences;
 3. Educational facility's ability to accommodate students; and
 4. Patient safety.
- (2) Non-English Speaking Students.
 - (A) Non-English speaking students shall meet the same general admission requirements as other students.
 - (B) An applicant for whom English is a second language shall pass an English proficiency examination.
- (3) Student Services.
 - (A) Housing. If the school provides housing for the students, there shall be written policies governing the facilities.
 - (B) Health. If the school provides health services for the students, there shall be written policies governing these services. If no health services are provided, a plan for emergency care shall be in writing.
 - (C) Academic Advisement and Financial Aid Services. Academic advisement and financial aid services shall be accessible to all students.
 - (D) Grievance Procedure. Policies and procedures which afford students due process shall be available for managing academic and nonacademic grievances. Due process for student grievances shall include the providing of written notice of all decisions affecting an individual student, an opportunity for the student to contest those decisions either in writing or in person, the opportunity to contest facts serving as the basis for the decisions, and the opportunity to appeal the decisions to a level higher than the original decision-maker.

AUTHORITY: section 335.036, RSMo Supp. 1997.*
 This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed December 12, 1975, effective Dec. 22, 1975. Rescinded: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule).
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1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999.
*Original authority 1975, amended 1981, 1985, 1993, 1995.

4 CSR 200-2.100 Educational Program

PURPOSE: This rule defines the general purpose, curriculum organization and development, minimum curriculum requirements, curriculum plan and course outlines for programs of professional nursing and provides for the licensing examination.

(1) General Purpose.

- (A) Philosophy shall be a composite of the beliefs that the faculty accept as valid and is directly related to curriculum practices which may be noted as mission or goals of the program.
- (B) Graduate competencies of the program of study shall be derived from the philosophy and shall be stated in terms of the competencies expected of the graduate.
- (C) The theory and clinical learning experiences shall be derived from the philosophy and objectives of the program and shall demonstrate logical progression.

(2) Curriculum Organization and Development.

- (A) The nursing faculty shall participate in the development of the curriculum. The faculty shall have the authority and the responsibility to approve and implement the curriculum.
- (B) There shall be a written curriculum plan in which all components shall reflect the philosophy and objectives and shall be logically consistent between and within courses.
- (C) The curriculum shall be planned so that the number of hours/credits/units of instruction are distributed between theory and clinical hours/credits/units to permit achievement of program outcomes.

(D) The curriculum shall show the number of hours/credits of formal instruction and clinical instruction for each course of the program.

(E) Curriculum shall be planned so that each division of the school year, (whether it be a quarter, term or semester) has a reasonably equal number of credit hours, hours of instruction, or both, and has a beginning and ending date.

(3) Curriculum Plan.

(A) The number of credit hours required for completion of the nursing program shall not exceed the number of credit hours required for a comparable degree program.

(B) Clinical learning experiences shall be determined by the educational needs of the student and by the requisites of the curriculum.

(C) Student learning experiences shall be directed and evaluated by faculty and be consistent with the curriculum plan.

(4) Curriculum Requirements. There shall be a general written plan for the total curriculum for each class of students which will show the courses taught, sequence, correlation and integration of classroom and clinical instruction. Courses may be developed separately or as integral parts of other courses. Integrated concepts shall be evident in the course objectives. Instruction will be provided in the following areas:

(A) Biological and physical sciences may be either discrete or integrated and must include content in all of the following:

1. Anatomy and physiology;
2. Chemistry;
3. Microbiology;
4. Pharmacology; and
5. Nutrition;

(B) Behavioral and social sciences may be either discrete or integrated courses;

(C) Nursing science courses shall include theory and clinical learning experiences in: prevention of illness, promotion, maintenance, and restoration of health across the life span;

(D) Nursing support courses (may be discrete or integrated) shall include: growth and development across the lifespan, Interpersonal Relationships, Communications, Ethics, and the Professional and Legal Aspects for Nursing; and

(E) Course Outlines.

1. Course outlines shall be up-to-date and available to all faculty members.
2. The objectives of each course and the methods to be used in teaching shall be stated.

AUTHORITY: section 335.036, RSMo Supp. 1997.*
This version of rule filed April 20, 1973, effective May 1,

1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Amended: Filed Jan. 8, 1981, effective April 11, 1981. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Dec. 15, 1992, effective Sept. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999.

*Original authority 1975, amended 1981, 1985, 1993, 1995.

4 CSR 200-2.110 Records

PURPOSE: This rule defines student records required to be kept by programs of professional nursing.

(1) Transcripts.

(A) Transcripts of all courses attempted or completed by each student attending the program shall be maintained permanently. Courses shall be listed in chronological order.

(B) The final transcript shall identify the following:

1. Date of admission, date of separation from the program and hours/credits/units earned and the diploma/degree awarded; and
2. Transferred credits, including course titles, credits earned, and the name and location of the credit-granting institution.

(C) Seal of the school and signature of the current administrator or registrar shall be affixed to all official transcripts.

(2) School Records.

(A) Student records shall be stored in an area which is documented as theft resistant and where confidentiality can be ensured.

(B) Transcripts, including microfiche and computer files, shall be stored in documented fire-resistant files/areas.

(C) The nursing program shall maintain records as required for accreditation.

AUTHORITY: section 335.036, RSMo Supp. 1997.*
This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999.

*Original authority 1975, amended 1981, 1985, 1993, 1995.

4 CSR 200-2.120 Publications

PURPOSE: This rule defines what must be

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